



Water Resources Program
Application for a Water Right Permit

For Ecology Use
(Date Stamp)



RECEIVED

☐ SURFACE WATER ☒ GROUND WATER ☒ PERMANENT

☐ TEMPORARY ☐ SHORT TERM ☐ DROUGHT

Follow the attached instructions. Attach additional sheets as necessary.

***A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION.**

Section 1. APPLICANT

Applicant/Business Name: Huntrick Properties, LLC	Phone No: 206-448-1230	Other No:
Address: c/o Jim Varnell, Ziontz, Chestnut, Varnell, Berley and Slonim 2101 Fourth Ave, STE 1230		
City: Seattle	State: WA	Zip: 98121-2331
Email Address (optional): jimvarnell@zcvbs.com		

Contact Name (if different from above): Jessica Kuchan Mentor Law Group PLLC	Phone No: 206-838-7650	Other No: Fx: 206-838-7655
Relationship to Applicant: Attorney representing seller of mitigation water		
Address: 315 Fifth Ave S., Ste 1000		
City: Seattle	State: WA	Zip: 98104
Email Address (optional): kuchan@mentorlaw.com		

Legal Land Owner or Part Owner Name of the Proposed Place of Use: Same	Phone No:	Other No:
Address:		
City:	State:	Zip:
Email Address (optional):		

Section 2. STATEMENT OF INTENT

Briefly describe the purpose of your proposed project: **To obtain a permit for two residences with 500 square feet (s.f.) of irrigated area. This application can receive priority processing under WAC 173-539A-060.**

In order to address impacts for the new use sought by this permit, the applicant suggests the following forms of mitigation:

- 1. Mitigation provided by Suncadia, LLC to address impacts to the Yakima River Basin.**
- 2. Mitigation to address the impacts within the Tillman Creek basin.**
- 3. To install water meter and report water use.**

For Ecology Use	APPLICATION NO: 64-35579	SEPA: Exempt/Not Exempt
	Fee Paid: 50⁰⁰	Check No: 2210 08-10-2012 ECY Coding: 001-001-WR1-0285-000011
Date Returned	By	Priority Date 08-10-2012 By [Signature] WRIA: 39 Kitt

Anticipated length of time to complete your project: 20 years

Water Use List all purposes for which water will be applied to a beneficial use and list quantity required for each.

Purpose(s) of Use	Rate (check one box only)		Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
	<input type="checkbox"/> Cubic Feet per Second (CFS)	<input checked="" type="checkbox"/> Gallons per Minute (GPM)		
Domestic	12 gpm		0.784/ 0.23 (CU)	Continuously
Irrigation	12 gpm		0.043/ 0.039 (CU)	Seasonal
TOTAL:	12 gpm		0.827/ 0.274 (CU)	

Short Term/Temporary Water Use

Is this a request for a short term project (less than four months and non-recurring)? ☐ YES ☒ NO

Is this request for a temporary permit? ☐ YES ☒ NO

If yes to either question above, indicate the dates that the water will be needed:

FROM: ____/____/____ TO: ____/____/____

For Ecology Use	APPLICATION NO: _____		SEPA: Exempt/Not Exempt	
	Fee Paid: _____	Check No: _____	ECY Coding: 001-001-WR1-0285-000011	
Date Returned _____	By _____	Priority Date _____	By _____	WRIA: _____

Section 3. POINT OF DIVERSION OR WITHDRAWAL

(Complete A or B, and C below)

A.) If Surface Water Source				B.) If Ground Water Source			
<input type="checkbox"/> Spring <input type="checkbox"/> Creek <input type="checkbox"/> River <input type="checkbox"/> Lake <input type="checkbox"/> Other: _____				<input checked="" type="checkbox"/> Well(s) <input type="checkbox"/> Other: _____			
Source Name: _____				Well diameter & depth: 6"; 485'			
Tributary to: _____				Number of proposed points of withdrawal: 1			
Number of proposed diversion points: _____				Do you have an existing well? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
Do you have an existing diversion? <input type="checkbox"/> YES <input type="checkbox"/> NO				If available, attach Water Well Report and pump test.			
Well Tag ID No. APG-961							
C.) Point of Diversion/Withdrawal – Legal Description							
Parcel No.	1/4	1/4	Section	Township	Range	County	
951342	SE	NE	9	19 N	15 E	Kittitas	
Lot(s)	Block(s)		Subdivision				
5							
If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner: _____ Feet (<input type="checkbox"/> North/ <input type="checkbox"/> South) and _____ feet (<input type="checkbox"/> East/ <input type="checkbox"/> West) from the (<input type="checkbox"/> NW <input type="checkbox"/> SW <input type="checkbox"/> NE <input type="checkbox"/> SE <input type="checkbox"/> _____) corner of Section _____.							
Parcel No.	1/4	1/4	Section	Township	Range	County	
Lot(s)	Block(s)		Subdivision				
If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner: _____ feet (<input type="checkbox"/> North/ <input type="checkbox"/> South) and _____ feet (<input type="checkbox"/> East/ <input type="checkbox"/> West) from the (<input type="checkbox"/> NW <input type="checkbox"/> SW <input type="checkbox"/> NE <input type="checkbox"/> SE <input type="checkbox"/> _____) corner of Section _____.							

NOTE: If more than two points of diversion/withdrawal attach additional information on a separate sheet of paper.

Do you own the land on which the proposed point of diversion/withdrawal is located? ☐ YES ☒ NO
If no, do you have legal authority to make this application for use of another's land? ☒ YES ☐ NO
Provide the owner name(s), address, and phone number: Christian Madison, (206) 842-0804. Current owner of Parcel 951342 (Lot 5).

Section 4. PLACE OF USE

Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below.

Lots 1 and 4, HUNTRICK PROPERTIES, in the County of Kittitas, State of Washington, as per plat thereof recorded in Book 10 of Plats, pages 150 and 151, records of said County.

1/4	1/4	Section	Twp.	Range	County	Parcel No.
	NE	9	19 N	15 E	Kittitas	951341 and 951338

Do you own all the lands on which the proposed place of use is located? ☒ YES ☐ NO.

If no, do you have legal authority to make this application for use of another's land? ☐ YES ☐ NO
Provide owner name(s), address, and phone number: N/A

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Are there any other water rights or claims associated with this property or water system? ☐ YES ☒ NO

If yes, provide the water right and/or claim numbers: N/A

Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map.

Section 5. WATER SYSTEM DESCRIPTION

Describe your proposed water system (include type and size of devices used to divert or withdraw water from source): Group B Water System.

Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION

(Complete A or B, and C below)

A.) Domestic Water Systems only	B.) Municipal Water Systems only (defined under RCW 90.03.015)
Projected number of connections to be served: <u>2 (as part of a Group B system)</u>	Present population to be served water: _____
Type of connections: <u>Residence</u> (e.g., home, recreational cabin)	Estimate future population to be served: _____ (20 year projection)
C.) Water System Planning	
Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO -- pending	
If yes, date plan was approved ____/____/____ Water System Number: _____	
Name of water system: _____	
Are you within the service area of an existing water system? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
If yes, explain why you are unable to connect to the system: _____	

Section 7. IRRIGATION/STOCKWATER/OTHER FARM USES

Irrigation

Total number of acres requested to be irrigated under this application = 0.022 ACRES

NOTE: Outline the area to be irrigated on your attached map.

Stockwater

List number and kind of stock: N/A

Is the proposed project for a dairy farm? ☐ YES ☒ NO

Other Proposed Farm Uses

Describe all proposed uses: N/A

Family Farm Water Act (RCW 90.66):

Calculate the acreage in which you have a controlling interest, including only:

- Acreage irrigated under water rights acquired after December 8, 1977,
- Acreage proposed to be irrigated under this application, and
- Acreage proposed to be irrigated under other pending application(s).

Is the combined acreage under existing rights greater than 6000 acres? ☐ YES ☒ NO

Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☒ NO

If yes, enter Permit No: _____

Section 8. OTHER WATER USES

Hydropower

Indicate total feet of head N/A and proposed capacity in kilowatts: _____

Describe works: _____

Indicate all uses to which power is to be applied: _____

FERC License No: _____

Mining/Industrial Use

Describe use, method of supplying and utilizing water: N/A

Other Use

N/A

Section 9. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water? ☐ YES ☒ NO

Are you proposing to store more than 10 acre-feet of water? ☐ YES ☒ NO

Will the water depth be 10 feet or more? ☐ YES ☒ NO

If you answered yes to any of the above questions, please describe: In-basin mitigation. See attached.

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point and some portion of the storage will be above grade, you must also complete an Application for Permit to Construct a Reservoir and a Dam Construction Permit and Application.

Section 10. DRIVING DIRECTIONS

Provide detailed driving directions to the project site: From Interstate 90 heading east, take exit 84. Turn right towards Cle Elum. Turn left onto 1st Ave; turn left on South Cle Elum Way; Turn Right on Madison Street; turn left onto Westside Road; Turn left on Rd 3550; Turn left into Tillman Creek.

Site Address: 803 Huntrick Drive, Cle Elum, Washington, 98922.

Section 11. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

Michelle Hunter

Print Name
(Applicant or authorized representative)

Signature

Date

8-3-12

Kevin Tedrick

Print Name
(Legal Owner or Part Owner Place of Use)

Signature

Date

Aug. 3, 2012

Print Name

(Legal Owner or Part Owner Place of Use)

Signature

Date

Print Name

(Legal Owner or Part Owner Place of Use)

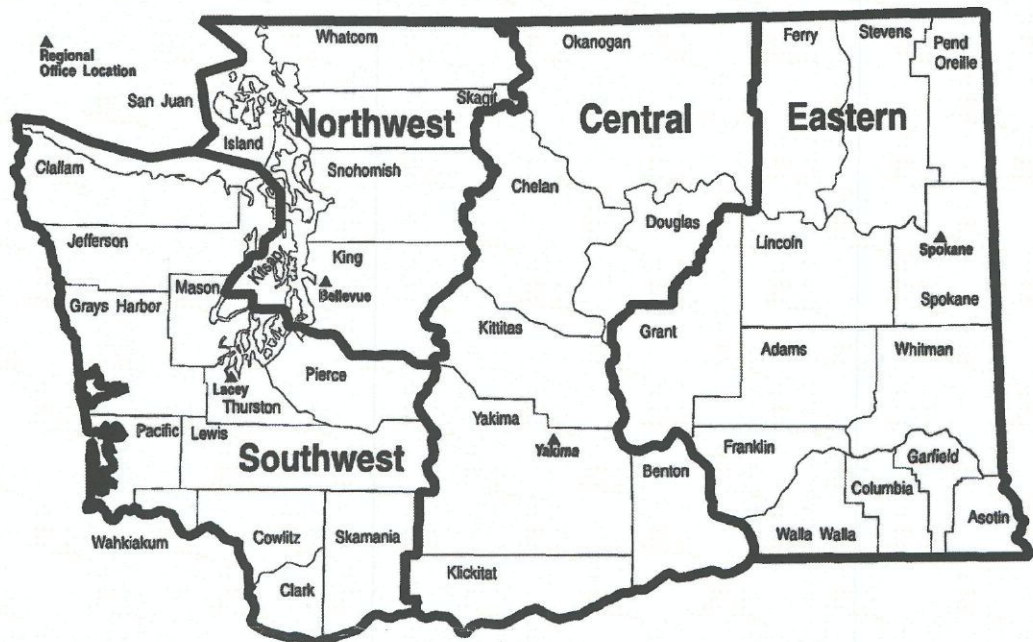
Signature

Date

Please check the region in which the project is located:

<p>*Submit your application to:</p> <p>DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611</p>	<input checked="" type="checkbox"/> Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	<input type="checkbox"/> Eastern Regional Office 4601 N. Monroe Spokane, WA 99205-1295 (509) 329-3400
	<input type="checkbox"/> Northwest Regional Office 3190 - 160 th Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	<input type="checkbox"/> Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300

If you have questions about your application, contact the Water Resources program at the regional office in which your project is located.



INSTRUCTIONS for the Application for a Water Right Permit

Please read these instructions carefully. Be accurate and complete in filling out your application, as the information you provide is very important in processing your application. Be sure to attach your fees, maps, and any additional information related to the water uses you are proposing.

If you need assistance, please contact the regional office in which your project will be located. A map of the Ecology regions is on the back page of the application. If your answers to any questions are longer than the space provided, you may attach additional sheets as necessary.

Check Boxes

ECY 040-1-14 (Rev. 1-6-10) If you need this document in an alternate format, please call the Water Resources Program at 360-407-6872. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.